WISCONSIN EPI EXPRESS
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Wisconsin Department of Health & Family Services
Division of Public Health
Bureau of Communicable Diseases

"Surveillance provides information for action." World Health Organization

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. **Herb Bostrom: *bostrhh@dhfs.state.wi.us***

In This Issue:

1. ALL CREATURES GREAT AND SMALL ….. WILL BITE SOMEONE EVENTUALLY.

How would you respond to the following animal exposure situations? Both scenarios are based on actual questions that have been addressed to the Communicable Disease Epidemiology Section. Answers will be supplied in the next issue of the Wisconsin Epidemiology Express.

Scenario #1:
An adult caller states that while he was riding his bicycle yesterday evening, a bat flew into his face, then immediately flew off. He does not recall feeling any stinging sensation that would indicate a bite or scratch, but admits he was so startled at the time that he cannot be certain of this. After he got home, he washed his face and inspected it in a mirror. He could not see any punctures or scratches. He is inquiring about the need for rabies postexposure prophylaxis. What would you recommend?

Scenario #2:
A parent calls to report that her 12 year old daughter was bitten on the right forefinger two days ago while playing with their neighbor's 8 week old kitten. The finger is now hot and swollen. The bite was incurred while playing; the kitten has evidenced no vicious or abnormal behavior. The animal is too young to receive a rabies vaccination. The mother of the bite victim wants to know if her daughter should receive rabies postexposure prophylaxis when she sees her pediatrician later on today. How would you respond? What actions would you take?

Hint: The solutions to both of these situations can be found by working through the new animal bite electronic flow chart which is on the Health Alert Network (HAN). Readers are encouraged to log onto the HAN and familiarize themselves with the site in general and with the animal bite algorithm in particular. From the home page, choose the "communicable" option in the left (blue)

column, then from the dialog box, choose “epinet” and click on “GO”. One of the hyperlinks will take you to the animal bite flowchart.
For those readers who are unfamiliar with the HAN, this network is meant to be a secure informational resource and interactive communications site for all health professionals in Wisconsin. It has initially been made accessible only to public health professionals. The address of the website is https://www.han.wisc.edu . To request an account go to the above URL and click on "to request an account" just below the login button.

2. Quarterly HIV/AIDS surveillance report posted on Internet

The most recent Wisconsin HIV/AIDS quarterly surveillance summary covering cases reported 1982 through June 30, 2001 has been posted on the web page of the Wisconsin AIDS/HIV Program at:

http://www.dhfs.state.wi.us/aids-hiv/Stats/hivstats0701.pdf

3. Roadside carcass disposal

With the beginning of the new fiscal year on July 1, the DNR suspended its car-killed deer pickup program in 24 counties due to budgetary constraints. The affected counties are Buffalo, Burnett, Calumet, Crawford, Douglas, Florence, Forest, Jefferson, Kenosha, Kewaunee, Manitowoc, Marquette, Milwaukee, Monroe, Outagamie, Ozaukee, Pepin, Pierce, Price, Racine, Richland, Trempealeau, Vernon, and Winnebago. Typically, the pickup service had been performed by private firms under contract with the DNR. Remaining options to address this issue include having local jurisdictions contract directly with the private disposal services, or asking law enforcement officers, highway workers, and DNR wardens to make the effort to remove deer from the road surfaces / shoulders and drag them into the nearby ditch.

Since the cessation of these programs, the Bureau of Communicable Diseases has received several questions about the health risks associated with decomposing carcasses of car-killed deer. Such carcasses pose no more inherent risk than the thousands of wild animals that die naturally every day in Wisconsin; the difference is their visibility and the fact that humans are more likely to handle them in order to clear a road surface. The primary risk to humans would be from contact with intestinal contents of these animals. Like most mammals, deer can harbor enteric bacteria such as Salmonella and pathogenic E. coli, as well as parasites such as Giardia and Cryptosporidium. These pathogens are transmitted in a fecal-oral cycle. Therefore, we would advise that anyone dragging such carcasses from roadsides wear gloves while doing so and wash their hands thoroughly afterwards. If prompt handwashing is not feasible, the use of hand sanitizers may be better than using nothing.

As an additional precaution, carcasses should not be left in areas where they will contaminate surface water, because that could pose a risk to recreational users of the water. Workers performing wayside grass mowing should be wary of the potential of accidentally striking a carcass hidden in tall grass.

4. CDC publishes updated guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis

On June 29, 2001, the CDC published *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis*. The publication was released as a MMWR Recommendations and Reports (Vol. 50, No. RR-11). The new guidelines update and consolidate all previous U.S. Public Health Service recommendations for the management of health-care personnel who have occupational exposure to blood and other body fluids that might contain hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

In addition to recommendations for management of occupational exposures to HBV, HCV, and HIV, the report outlines several special circumstances (e.g., delayed exposure report, unknown source person, pregnancy in the exposed person, resistance of the source virus to antiretroviral agents, or toxicity of the PEP regimen) when consultation with local experts and/or the National Clinicians' Post-Exposure Prophylaxis Hotline ([Pepline] 1-888-448-4911) is advised. The report emphasizes that occupational exposures should be considered urgent medical concerns to ensure timely postexposure management and administration of HBIG, hepatitis B vaccine, and/or HIV PEP.

The 52-page report includes the option for receiving continuing education recognition (1.75 hours CME; .15 hour CEU; and 2.0 hours CNE). The full report can be downloaded from the Internet at the following address: http://www.cdc.gov/hiv/pubs/mmwr/MMWR2001.HTM#rr5011.

5. CDC issues guidance regarding prevention messages on latex condoms and sexually transmitted diseases

On July 5, 2001, the CDC released a letter that highlights certain provisions of Public Law 106-554 regarding human papillomavirus (HPV). Part of this law requires that all educational and prevention materials prepared after December 21, 2000 by the U.S. Department of Health and Human Services, it agencies and their grantees, subgrantees, and contractors that are specifically designed to address sexually transmitted diseases (STDs) including HPV, shall contain "medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address."

In preparing to meet the requirements of P.L. 106-554, the CDC developed a three-page summary containing background information on the effectiveness of condoms in reducing the transmission of specific STDs, including the theoretical basis for protection and related laboratory and epidemiologic studies. This guidance material is intended to assist agencies in the development of prevention materials on latex condoms and sexually transmitted diseases. A copy of the guidance document has been posted on the web page of the Wisconsin AIDS/HIV Program at:

http://www.dhfs.state.wi.us/aids-hiv/Resources/CDCconguide.pdf

5. CDC launches Global AIDS Program web site

In an effort to increase the understanding and visibility of CDC's Global AIDS Program (GAP), CDC launched the GAP web site at http://www.cdc.gov/nchstp/od/gap/. The web site highlights the philosophy underlying the GAP, countries involved in GAP activities, GAP strategies and program areas, frequently asked questions, news, GAP partners, CDC GAP employment opportunities, and contact information for GAP staff (nationally and internationally).

6. Availability of Td Vaccine

The availability of Td vaccine continues to be a national problem. Health care providers may have recently received information from Aventis Pasteur, the only remaining US manufacturer of Td vaccine, regarding their decision to ship Td vaccine only to hospitals, urgent care facilities and public health organizations. This is being done so that adequate supplies are available to meet priority needs, as defined by the CDC. The shortage of Td vaccine is expected to last at least until the end of the year. Due to longer distance, patients may not have easy access to these facilities. Aventis Pasteur has told us that they will work individually with health care providers in these areas to ensure access to Td vaccine for wound management situations. Regardless, the following scenarios may occur.

You are unable to get Td vaccine from Aventis yet may, in the future, see persons in your practice who need Td for wound management. The Wisconsin Immunization Program has a

limited supply of Td vaccine for wound management situations. As supply allows, the Immunization Program will make vaccine available to private providers. A limited quantity of vaccine will be supplied on a case by case basis with priority given to providers where access to vaccine through other means is limited. You should call the Immunization Program at 608-267-5148 to request vaccine. The Immunization Program will fax you a Td vaccine order form which includes an agreement you must sign indicating that the vaccine will be used in wound management situations only and that the recipient will not be charged for the cost of the vaccine.

You are unable to get Td vaccine from Aventis, have none in stock and are treating a patient who is in immediate need of the vaccine as a part of wound management. Health care providers may refer patients to local public health departments (LPHD) for Td vaccine as part of wound management. The attending provider should only do this after proper wound treatment. Contact the LPHD(s) serving your community to verify this arrangement.

In April 2001 a Tetanus diphtheria (Td) Vaccine Shortage Alert listing recommendations for categorizing candidates to receive vaccine by Highest Priority, Moderate Priority, and Low Priority. Copies of these recommendations can be obtained by calling Cindy Walker at 608-266-2346.

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